

1. 2.

STEP 1

STEP 2

Original cost of real and tangible personal property Gross annual rents paid multiplied by 8 ...

Gross receipts from sales made and/or work/services performed (see Instructions)......

CITY OF SPRINGFIELD DIVISION OF TAXATION

2013 Springfield-Beckley Joint Economic Development District (JEDD) BUSINESS INCOME TAX RETURN

| | | P O BOX 5200 SPRINGFIELD, OH 45501 TELEPHONE: 937-324-7357 FAX: 937-328-3471 www.ci.springfield.oh.us | Due by April 15, 2014 or Within 3½ months after fiscal year end. | | | |
|---|--|--|--|--|--|--------------------------|
| OH10 | io | | MONTH | == | FISCAL OR PART-YEAR _AND MONTH END | NG |
| NAME AN | ND ADDR | ESS (INDICATE CHANGES) | | | TYPE OF BUSINESS Corporation "S" Corporation Sole Proprietors: Use Individual Federal Employer Identification | |
| | | | | | Telephone Number | |
| ITEM ITEM ENTE | IS NOT DE IS NOT TA ER EXCES | L TAXABLE (Per Copy Federal Form 11 DUCTIBLE (From Schedule X. Line m b XABLE (From Schedule X, Line z below S OF LINE 2 OR 3 | elow)) | A | DD | |
| 6. AMO 7. JEDI | UNT SUB. | T INCOME (Line 1 plus or minus Line 4) JECT TO MUNICIPAL INCOME TAX (If (Line 6 x 1%) | Schedule Y is used | % of Line 5) | \$ | |
| 9. PRIO | OR YEAR C | AYMENTS VERPAYMENT S (Add Lines 8 and 9) TAX DUE (Subtract Line 10 from Line | | | \$ \$ | _ _ |
| 12. PEN 13. OVE | NALTY \$ RPAYMEN | INTEREST \$INTEREST \$IT (If Line 10 exceeds Line 7) | UNDER-PAYMENT OF ES | TIMATED TAX \$_ | TOTA | AL \$ |
| 15. TOTA 16. QUA 17. PRIC | MATED TA AL 2014 ES RTERLY A DR YEAR C | CREDIT TO AX STIMATED TAX DUE MOUNT DUE (25% OF Line 15) CREDIT (Line 14) APPLIED TO FIRST G QUARTERLY PAYMENT DUE within 4 m | UARTERLY PAYMENT | | \$\$ \$ \$ | |
| SCHEDULE | E X – RECO | dd Lines 11, 12 and 18). Make check o | | | | |
| b. Five in letter "n", c. Intere Of non-taxe of . Income e. REIT of f. Net Op g. Guaran h. Retireme self-em i. Health for owners j. Other i | al Losses (If percent (5% excluding I est and/or o able income e taxes, City distributions berating Loss theed payment plan pay aployment re insurance a or owner/er tems not de | RC 1221 or 1231) o) of intangible income reported RC 1221 Capital Losses ther expenses incurred in the production | \$ | o. Capital Gair p. IRC Section q. Other items n | ted intangible income such as, but erest, dividends, patent or copyright is (IRC 1221 or 1231) 179 expense not taxable (explain) | ncome \$ |
| | | SS APPORTIONMENT FORMULA | | a. LOCATED EVERYWHERE | b. LOCATED IN THE JEDD | c. PERCENTAGE (b ÷ a) |

STEP 3 Total wages, salaries, commissions and other compensation of all employees Total percentages STFP 4 STEP 5 Average percentage (Divide total percentages by number of percentages used.) % (Enter here and on Line 6 above.)

The undersigned declares that this return (and accompanying schedules and statements) is a true, correct, and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of the Federal return is made which affects the tax liability shown on this return, an amended return will be filled within 3 months. The undersigned understands that this information may be released to other City Tax Administrators under a shared information plan.

Signature Preparer's Signature (Other Than Taxpayer) Date If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? P YES P NO Address and Zip Code

ACCOUNT INFORMATION UPDATE

| Complete all questions fully. The information below will be used to update informa | tion currently | on file. |
|--|----------------|----------|
| BUSINESS NAME | | |
| NATURE OF BUSINESS | | |
| JEDD LOCATION | | |
| HOME OFFICE LOCATION | | |
| HOME OFFICE TELEPHONEFAX | | |
| CONTACT PERSON | | |
| E-MAIL ADDRESS | | |
| DATE BUSINESS BEGAN IN THE JEDD | | |
| NAME AND ADDRESS OF STATUTORY AGENT | | |
| | | |
| DOYOUSUBCONTRACTLABORTOPERFORMWORKINTHEJEDD | YES _ | NO |
| DOYOUHAVEEMPLOYEESWORKINGINTHEJEDD If YES, copies of employee W-2 forms must be submitted by February 28. | YES | NO |
| Employers with more than 250 employees may submit W-2 information electronically using the Social Security Administrators MMRED-1 filing requirements by March 31. | | |

Please refer to City of Springfield Codified Ordinance, Chapter 195.